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July 5, 2000

BOX NO FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Re: Mark DE BOER et al.

United States Patent Application No. 09/554,784 filed May 19, 2000  
U.S. National Phase of International Application No.: PCT/US98/00663  
"COMPOSITIONS AND METHODS FOR TREATMENT OF  
AUTOIMMUNE DISEASES USING A MONOCLONAL ANTIBODY TO  
THE INTERLEUKIN-12 BETA2-CHAIN"  
Attorney Docket No. DEBOER2

SIR:

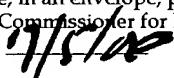
We enclose herewith:

- [X] Information Disclosure Citation Form PTO-1449  
[X] Copies of References Cited  
[X] Acknowledgment Postcard

The Commissioner is hereby authorized to charge payment of the fees associated with this communication or credit any overpayment to Deposit Account No. 08-0570.

The applicants hereby petition under 37 CFR 1.136 or other applicable rule to have the response period extended the number of months necessary to render the attached communication timely if a petition is required.

Respectfully submitted,  
  
Anthony H. Handal  
Reg. No. 26,275

I hereby certify that this correspondence is being deposited with the United States Postal Service, in an envelope, postage prepaid, addressed to the Assistant Commissioner for Patents Washington, D.C. 20231 on  7/5/00

Anthony H. Handal  
Reg. No.: 26,275

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<b>FEE TRANSMITTAL FOR FY 1999</b> <i>Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</i>		<i>Complete if Known</i>	
		Application Number	09/554,784
		Filing Date	May 19, 2000
		First Named Inventor	DEBOER
		Examiner Name	
		Group / Art Unit	
Total Amount of Payment	(\$130.00)	Attorney Docket No.	DEBOER2

<b>METHOD OF PAYMENT (Check One)</b>			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 08-0570 Deposit Account Name: Handal & Morofsky			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			
2. <input type="checkbox"/> <b>Payment Enclosed:</b> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other (see letter)			

<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE:</b>					
<b>Large Entity</b>		<b>Small Entity</b>			
Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$380.00)</b>

<b>2. EXTRA CLAIM FEES:</b>																													
<table style="margin-left: auto; margin-right: auto;"> <tr> <th></th> <th></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> <th></th> </tr> <tr> <td>Total Claims</td> <td>[ ]</td> <td>-20** =</td> <td>[ ] x [ ] =</td> <td>[ ]</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>[ ]</td> <td>- 3** =</td> <td>[ ] x [ ] =</td> <td>[ ]</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td>[ ]</td> <td>=</td> <td>[ ] x [ ] =</td> <td>[ ]</td> <td></td> </tr> </table> <p>** or number previously paid, if greater; For Reissues, see below</p>								Extra Claims	Fee from below	Fee Paid		Total Claims	[ ]	-20** =	[ ] x [ ] =	[ ]		Independent Claims	[ ]	- 3** =	[ ] x [ ] =	[ ]		Multiple Dependent	[ ]	=	[ ] x [ ] =	[ ]	
		Extra Claims	Fee from below	Fee Paid																									
Total Claims	[ ]	-20** =	[ ] x [ ] =	[ ]																									
Independent Claims	[ ]	- 3** =	[ ] x [ ] =	[ ]																									
Multiple Dependent	[ ]	=	[ ] x [ ] =	[ ]																									
<b>Large Entity</b>		<b>Small Entity</b>																											
Fee Code	~Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid																								
103	18	203	9	Claims in excess of 20																									
102	78	202	39	Independent claims in excess of 3																									
104	260	204	130	Multiple dependent claim, if not paid																									
109	78	209	39	**Reissue independent claims over original patent																									
110	18	210	9	** Reissue claims in excess of 20 and over original patent																									
<b>SUBTOTAL (2)</b>					<b>(\$)</b>																								

## Patent Fee Transmittal For FY 1999 (continued)

Page 2 of 2

Application Number: 09/554,784 Filing Date: May 19, 2000

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity		Small Entity			
Fee Code	Fee(s)	Fee Code	Fee(s)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	\$130.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____					
Other fee (specify) _____					
* Reduced by Basic Filing Fee Paid				SUBTOTAL (3)	(\$130.00)
SUBMITTED BY					Complete (if applicable):
Typed or Printed Name	Anthony H. Handal, Handal & Morofsky, 80 Washington Street, Norwalk, CT 06854			Reg. Number	26,275
Signature			Date	Deposit Acnt User ID	08-0570